

## PERSONAL CARE AGENCY APPLICATION MATERIALS CHECKLIST

Submission of materials in sections I, II, and III of this form is necessary to meet the requirements of DHS 105.17, Wisconsin Administrative Code, and for the Division of Quality Assurance to complete a review and approval of a PCA application.

When submitting your policies and procedures, include this completed form with everything listed below **in the order given**.

Name – PCA Applicant

### I. POLICIES, PROCEDURES, AND OTHER MATERIALS

In the last column, enter the page where the topic is located in your policies and procedures.

	I-Tags	Wis. Admin. Code	Topic	Page No.
<input type="checkbox"/>	I-102	DHS 105.17(1n)(a)2	Orientation: Training prior to and as needed	
<input type="checkbox"/>	I-103	DHS 105.17(1n)(a)2.a	Orientation: Policies and objectives of agency	
<input type="checkbox"/>	I-104	DHS 105.17(1n)(a)2.b	Orientation: Training job duties; demonstration of skill before service provision	
<input type="checkbox"/>	I-105	DHS 105.17(1n)(a)2.c	Orientation: Functions of personnel – interrelations and communications	
<input type="checkbox"/>	I-106	DHS 105.17(1n)(a)2.d	Orientation: Home environment health and safety procedures	
<input type="checkbox"/>	I-107	DHS 105.17(1n)(a)2.e	Orientation: Infection control measures; disease transmission and causes	
<input type="checkbox"/>	I-108	DHS 105.17(1n)(a)2.f	Orientation: Responding to medical and non-medical emergencies	
<input type="checkbox"/>	I-109	DHS 105.17(1n)(a)2.g	Orientation: Ethics, confidentiality of client information, client rights	
<input type="checkbox"/>	I-110	DHS 105.17(1n)(a)3	Caregiver Background Checks	
<input type="checkbox"/>	I-117	DHS 105.17(1r)	Infection control and prevention measures for direct care providers	
<input type="checkbox"/>	I-118	DHS 105.17(1r)(b)1	Infection control – TB and communicable disease screening	
<input type="checkbox"/>	I-123	DHS 105.17(1w)(b)1	Client responsibilities statement in English and in client's primary language	
<input type="checkbox"/>	I-124	DHS 105.17(1w)(b)2	Client complaint procedures in English and in client's primary language	
<input type="checkbox"/>	I-125-138	DHS 105.17(1w)(b)3.a-L	Client rights statement in English and in client's primary language	
<input type="checkbox"/>	I-139	DHS 105.17(1w)(c)	Service agreement in English and in client's primary language	
<input type="checkbox"/>	I-145-159	DHS 105.17(1w)(f)1-7f	Discharge policies	
<input type="checkbox"/>	I-174	DHS 105.17(2)(b)3m	RN supervisor to notify physician of change in condition	
<input type="checkbox"/>	I-112	DHS 105.17(1n)(c)	RN supervisor written agreement, if applicable	

### II. FORMS (Submit copies.)

<input type="checkbox"/>		DHS 105.17(1n)(a)2	Employee Evaluation / Performance Assessment
<input type="checkbox"/>		DHS 105.17(1n)(a)2.a	Orientation Checklist (to include I-102 to I-109 listed above)
<input type="checkbox"/>		DHS 107.112	Personal Care Worker Daily Assignment Sheet
<input type="checkbox"/>		DHS 105.17(2)(b) and DHS 107.112(3)(b)1-4 and (c)	Personal Care Worker Plan of Care
<input type="checkbox"/>		DHS 105.17(2)(b)3	RN Supervisor 60 Day Supervisory Visit
<input type="checkbox"/>		DHS 105.17(1w)(f)2	Discharge Notice
<input type="checkbox"/>		DHS 105.17(1w)(c)	Service Agreement (includes client signature)
<input type="checkbox"/>		DHS 105.17(1w)(d)(3)	Rights and Responsibilities (includes client signature)
<input type="checkbox"/>		DHS 105.17(1r)(b)1	Client Complaint Procedure (Includes client signature)
<input type="checkbox"/>		DHS 105.17(1r)(b)1	TB and Communicable Disease Screening

### III. JOB DESCRIPTIONS (Submit copies.)

<input type="checkbox"/>		DHS 105.17(2)(a)2-3	RN Supervisor
<input type="checkbox"/>		DHS 105.17(3)(b) and DHS 107.112	Personal Care Worker